Supplemental Life Insurance Benefit Highlights

Benefit	Employee Coverage Amount				
Insurance Provider	The Hartford				
Employee Supplemental Life Insurance	Increments of \$10,000 to a maximum of five times annual salary or \$300,000				
Accidental Death & Dismemberment	Equal to Employee Supplemental Life Insurance				
Guarantee Issue	\$100,000 (if coverage applied for within 31 days of eligibility)				
Portability & Conversion	Included				
Coverage Reduction	Reduces by 35% at age 65; Reduces to 50% of original amount at age 70				

Spouse Supplemental Life Insurance	Increments of \$5,000 to a maximum of \$150,000 (cannot exceed 50% of the employee's benefit)
Accidental Death & Dismemberment	Equal to Spouse Supplemental Life Insurance
Guarantee Issue	\$50,000 (if coverage applied for within 31 days of eligibility)
Coverage Reduction	Reduces by 35% at age 65; Reduces to 50% of original amount at age 70

Child(ren) Supplemental Life Insurance Age Birth to 19 years (25 years for FT Student)	Choice of \$2,500; \$5,000; \$7,500; or \$10,000
(25 years for F1 Student)	
Guarantee Issue	Entire amount

Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.50	\$0.50	\$0.60	\$0.80	\$1.10	\$1.80	\$3.05	\$4.85	\$7.25	\$7.25	\$21.05	\$21.05
\$20,000	\$1.00	\$1.00	\$1.20	\$1.60	\$2.20	\$3.60	\$6.10	\$9.70	\$14.50	\$14.50	\$42.10	\$42.10
\$30,000	\$1.50	\$1.50	\$1.80	\$2.40	\$3.30	\$5.40	\$9.15	\$14.55	\$21.75	\$21.75	\$63.15	\$63.15
\$40,000	\$2.00	\$2.00	\$2.40	\$3,20	\$4.40	\$7.20	\$12.20	\$19.40	\$29.00	\$29,00	\$84.20	\$84.20
\$50,000	\$2.50	\$2.50	\$3.00	\$4.00	\$5.50	\$9.00	\$15,25	\$24.25	\$36.25	\$36.25	\$105.25	\$105.2
\$60,000	\$3.00	\$3.00	\$3.60	\$4.80	\$6.60	\$10.80	\$18.30	\$29.10	\$43.50	\$43.50	\$126.30	\$126.3
\$70,000	\$3.50	\$3.50	\$4.20	\$5.60	\$7.70	\$12.60	\$21.35	\$33.95	\$50.75	\$50.75	\$147.35	\$147.3
\$80,000	\$4.00	\$4.00	\$4.80	\$6.40	\$8.80	\$14.40	\$24.40	\$38.80	\$58.00	\$58.00	\$168.40	\$168.4
\$90,000	\$4.50	\$4.50	\$5.40	\$7.20	\$9.90	\$16.20	\$27.45	\$43.65	\$65.25	\$65.25	\$189.45	\$189.4
\$100,000	\$5.00	\$5.00	\$6.00	\$8.00	\$11.00	\$18.00	\$30.50	\$48.50	\$72.50	\$72.50	\$210.50	\$210.5
\$300,000	\$15.00	\$15.00	\$18.00	\$24.00	\$33,00	\$54.00	\$91.50	\$145.50	\$217.50	\$217.50	\$631.50	\$631.5

SPOUSE SUPPLEMENTAL TERM LIFE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.25	\$0.25	\$0.30	\$0.40	\$0.55	\$0.90	\$1.53	\$2.43	\$3.63	\$3.63	\$10.53	\$10.53
\$10,000	\$0.50	\$0.50	\$0.60	\$0.80	\$1.10	\$1.80	\$3.05	\$4.85	\$7,25	\$7,25	\$21.05	\$21.05
\$15,000	\$0.75	\$0.75	\$0.90	\$1.20	\$1.65	\$2.70	\$4.58	\$7.28	\$10.88	\$10.88	\$31.58	\$31.58
\$20,000	\$1.00	\$1.00	\$1.20	\$1.60	\$2.20	\$3.60	\$6.10	\$9.70	\$14.50	\$14.50	\$42.10	\$42.10
\$25,000	\$1.25	\$1.25	\$1.50	\$2.00	\$2.75	\$4.50	\$7.63	\$12.13	\$18.13	\$18.13	\$52.63	\$52.63
\$30,000	\$1.50	\$1.50	\$1.80	\$2.40	\$3,30	\$5,40	\$9,15	\$14.55	\$21.75	\$21.75	\$63,15	\$63,15
\$35,000	\$1.75	\$1.75	\$2.10	\$2.80	\$3.85	\$6.30	\$10.68	\$16.98	\$25,38	\$25.38	\$73.68	\$73.68
\$40,000	\$2.00	\$2.00	\$2.40	\$3,20	\$4.40	\$7.20	\$12.20	\$19.40	\$29,00	\$29.00	\$84,20	\$84.20
\$45,000	\$2.25	\$2,25	\$2.70	\$3,60	\$4.95	\$8,10	\$13.73	\$21,83	\$32,63	\$32.63	\$94.73	\$94.73
\$50,000	\$2.50	\$2.50	\$3.00	\$4.00	\$5.50	\$9.00	\$15.25	\$24.25	\$36.25	\$36.25	\$105.25	\$105.25

CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)					
Benefit Amount	Cost For All Children	Benefit Amount	Cost For All Children		
\$2,500	\$0.21	\$7,500	\$0.63		
\$5,000	\$0.42	\$10,000	\$0.84		

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Supplemental Life/AD&D Rates – <u>bi-weekly</u> (24 of 26 pay periods) Based on employee's age

Age	Rate
Under 25	0.0500
25-29.	0.0500
30-34	0.0600
35-39	0.0800
40-44	0.1100
45-49	0.1800
50-54	0.3050
55-59	0.4850
60-64	0.7250
65-69	0.7250
70-74	2.1050
75+	2.1050

Employee Coverage Worksheet:

\$/ \$1,000=	X	= \$
Life and AD&D	Rate	Bi-Weekly
Benefit Amount		Deduction
(must be in \$10,000 increments)		

Spousal Coverage Worksheet:

- Employee MUST elect to get spousal coverage
- Spousal coverage can be up to 50% of Employee Coverage

\$/ \$1,000=	X	_= \$
Life and AD&D Benefit	Rate	Bi-Weekly
Amount for Spouse	•	Deduction
(must be in \$10,000 increments)		

Child(ren) Coverage:

- Employee MUST elect to get child(ren) coverage
- Amount is the same regardless of # of children